



Government  
of the  
District of Columbia

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUSINESS REGULATION ADMINISTRATION  
CORPORATIONS DIVISION  
941 NORTH CAPITAL STREET, N.E.  
WASHINGTON, D.C. 20002

**STATEMENT OF QUALIFICATION  
OF LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of the District of Columbia Uniform Partnership Act of 1996, We, the undersigned partners present this Statement of Qualification of Limited Liability Partnership for filing. We acknowledge that the making of a false statement in this application is punishable by criminal penalties under section 404 of the District of Columbia Theft and White Collar Crime Act of 1982 as amended.

1. Name of the Limited Liability Partnership: \_\_\_\_\_

\_\_\_\_\_

2. Street address of the partnership's chief executive offices

\_\_\_\_\_

3. If different from the street address of the chief executive office, the street address of an office in the District of Columbia, if any:

\_\_\_\_\_

4. If the partnership does not have an office in the District of Columbia, (P.O. Box is NOT sufficient) the name and address of the partnership's registered agent:

\_\_\_\_\_

[Attach a [written consent](#) of the registered agent to so serve]

5. This statement will be effective upon filing unless a deferred effective date is specified

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Partner

\_\_\_\_\_

Signature of Partner

**THIS FORM MUST BE EXECUTED BY AT LEAST TWO PARTNERS**

Mail To:

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUSINESS REGULATION ADMINISTRATION  
CORPORATIONS DIVISION  
941 NORTH CAPITAL STREET, N.E.  
WASHINGTON, D.C. 20002

**Fees Due:** Filing Fee: \$150.00. Make check payable to D.C. Treasurer